# Montana Department of **REVENUE**

### Montana TY2006 E~File Test Packet

#### Montana Test 2

**Forms:** Form 2EZ (if 2EZ not supported submit on Form 2 or Form 2M)

Name: Cadwell, Sam 400-00-6880 (primary)

Cadwell, Sally 400-00-6845 (spouse)

**Dependents:** None

Address: 2340 South 5<sup>th</sup> West

Missoula, MT 59801

Return Status: Refund

Filing Status: 2 (Married filing jointly)

Residency Status: Resident Full Year

**Exemptions:** 1 Primary (yourself)

1 Spouse 2 Total

**Deduction:** Standard Deduction

**Notes:** Primary deceased box should be "X"

May DOR discuss return with preparer should be "Y" Taxpayer phone number should be (406) 444-6957

Refund amount is \$317.00

	2			vidual Income na resident filing as single		<b>'</b>	F	orm 2EZ
			ame and initial	Last name  CADWELL		Your social security nur	mber	Montana
		tairi	st name and initial	Last name		Spouse's social security	/ number	
	abo	ove if this is SALLY		CADWELL		400-00-6845		
	an		ess (number and stree TH 5 <sup>TH</sup> WEST	t)	City <b>MISSOULA</b>	State	Zip+4	
	Fili	ing Status (check		1 Sing		Married filing joint		
F		mptions 3a X Y		1   0   1	<u>'</u>	iviarried ming joint		1 3a
_	ΛΟ.			on line 3b if you a		ith vour spouse)		<u>.                                      </u>
c	Αd	dd lines 3a and 3b	•		0.			2 30
		r amounts corres			-	-	entry le	
		Wages, salaries,						000 4
		Taxable interest.	-					5
		Unemployment co						00 6
		Add lines 4 through	•					<u> </u>
Income	•	income	<del>-</del>		_		337	<sup>700</sup> 7
S S	8			ensation		1700	8	
Ě	9		• •	ps and gratuities			9	
	•	•		. •	<u> </u>			000 10
		Add lines 8 and 9					29	100
	11	Subtract line 10 fr					200	800 11
_	40	adjusted gross i	IICOIIIE		on the deals of the	in forms		
		Enter your standa						60 12 60 13
		Multiply \$1,980 by Add lines 12 and		•			39	13
	14	exemptions		e result here. This	s is the total det	auctions and	10	120 14
	15	Subtract line 14 fr		ontor the recult he	ore but not less t	han zara This is		120
2	13	your taxable inc						680 15
Reinia	16	Enter your tax fro					200	
		zero. <b>This is you</b>					9(	63 16
and	17	Enter your Monta					4	
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_	18	Enter your late file					4	18
Ĕ		Enter in boxes 19						``
ray Z	19	Nongame wildlif			End-stage rena			
Ţ		program	prevention	schools	disease	Enter your total check-off		
ax,		19a)	19b)	19c)	19d)	contributions here.		19
	20	Add lines 16, 18,	and 19 and ente	er the result here.	This is the sum	of vour tax.		
		penalty and conf					90	63 20
	21	If line 20 is more	than line 17, e	nter the difference	here. This is th	e amount you		
		owe. Make check	•			•		
		at www.mt.gov/reve						21
	22	If line 20 is less t	t <b>han line 17</b> , en	ter the difference	here. <b>This is yo</b>	ur refund		
		If you wish to use	direct deposit, e	enter your RTN# a	and ACCT# belov	٧.	3	17 22
R	ΓN#		ACCT#			check	ing	savings
	nc	the box here if you do out need forms and uctions mailed to you next year.	Name, address a	and telephone number of	paid preparer	a copy of y	our federa	box and attach I Form 4868 to na extension.
/la	/ the	e DOR discuss this return	·		estions? Call (406) 444	I-6900 or TDD (406) 444	-2830 for h	earing
_			· ·		paired.		1	-
				(406)444-69	957			

Montana Individual Income Tax Return (Long Form) For the year Jan 1 – Dec 31, 2006 or the tax year beginning ,2006, ending Amended Your first name and initial Last name Deceased Your social security number 400-00-6880 Return CADWELL Spouse's first name and initial Last name Deceased Spouse's social security number Check the box SALLY CADWELL 400-00-6845 above if this is an amended Home address (number and street) City State 7in+4 return. 340 SOUTH 5TH WEST **MISSOULA** 59801 Filing Status 1 3b Single Married filing separately on separate forms. Spouse's SSN. (check only 2 Χ 3с Married filing jointly Married filing separately and spouse not filing. Spouse's SSN. one box) 3a Married filing separately on the same form 4 Head of household Residency Status (check only one box) Date of change: State moved to: State moved from: 5a X Resident full year 5b Nonresident full year 5c Resident part-year Column A (for single, Column B (for spouse **Exemptions** when filing separately joint, separate, or head of household) using filing status 3a) 65 or older..... Blind..... Enter number checked 6a X Yourself..... 6a Blind....... 6b X Spouse..... 65 or older..... Enter number checked 6b Relationship Disabled Dependent's first name Last name SSN 6c 6d If additional dependents, see instructions. Add lines 6a thru 6c and enter total exemptions here. 6d Enter amounts corresponding to your federal return. Round to nearest dollar. If no entry, leave blank. 7 Wages, salaries, tips, etc. Attach federal Form(s) W-2..... 7 8a Taxable interest. Attach federal Schedule B if required..... 8a **b** Tax-exempt interest. Do not include on line 8a. **8b** A: 9a Ordinary dividends. Attach federal Schedule B if required..... 9a b Qualified dividends...... 9b A: 10 Taxable refunds, credits, or offsets of state and local income taxes..... 10 10 11 Alimony received...... 11 11 **12** Business income or (loss). Attach federal Schedule C or C-EZ **NAICS**: 12 12 13 Capital gain or (loss). Attach federal Schedule D if required..... 13 13 14 Other gains or (losses). Attach federal Schedule 4797..... 14 15a IRA distributions...... 15a. A: B: Taxable amount... 15b 16a Pensions and annuities.. 16a. A: B: Taxable amount... 16b 17 Rental real estate, royalties, partnerships, S. corporations, trust. Attach federal Sch. E..... 17 17 18 Farm income or (loss). Attach federal Schedule F..... 18 19 Unemployment compensation..... 1700 19 20a Social security benefits 20a. A: B: Taxable amount... 20b 20b 21 Other income. List type and amount. 21 22 Add the amounts in the far right columns for lines 7 thru 21. This is your total income..... 33700 22 23 Archer MSA deduction. Attach federal Form 8853..... 23 24 Certain business expenses or reservist, etc. Attach Schedule 2106 or 2106EZ.... 24 25 Health savings account deduction. Attach federal Form 8889..... 25 26 Moving expenses. Attach federal Form 3903..... 26 27 One-half of self-employment tax. Attach federal Schedule SE..... 27 28 Self-employed SEP, SIMPLE, and qualified plans..... 28 29 Self-employed health insurance deduction..... 29 30 Penalty on early withdrawal of savings..... 30 31a Alimony paid....... 31b. Recipient's SSN. A: 31a 32 IRA deduction.... 32 33 Student loan interest deduction. 33 34 Jury duty pay you gave to your employer..... 34 35 **36** Add lines 23 through 31a and 32 through 35 and enter the result here..... 36 33700 37 37a Combine amounts on line 37 columns A and B and enter result here. This is your federal adjusted gross income. 37a 33700 38 Enter Montana additions to federal AGI from Form 2, page 3, Schedule I, line 17. Attach Form 2, page 3, Schedule I..... 38 39 Enter Montana subtractions from federal AGI from Form 2, page 4, Schedule II, line 34. Attach Form 2, page 4, Schedule II..... 2900 39 40 Add lines 37 and 38, then subtract line 39. This is your Montana adjusted

30800

gross income......gross income.....

Form 2

2006

Form	2, F	Page 2 – 2006 Socia	al Security Number:	400-00-6880		Column A (for single, joint, separate, or	Column B (for spouse when filing separately	
	11	Montana adjusted are	nee income from line	40	41	head of household) 30800	using filing status 3a)	41
	41	Deductions			Check only one	30000		7.
ne	42	(A) Standard Deduction	on		(A)			
Faxable Income	72			hedule III, line 32		6160		42
ءَ	43			result here				43
ple	-10			at least one exemption		21010		10
ха	44	- `		ons on line 6d and enter		3960		44
ř				result here. If zero or I		0000		
	43				•	20680		45
	16			45 is zero, enter zero				46
				45 is zeio, entei zeio				47
				result here, but not less				47
	40			ains tax credit		963		48
Тах	182			er capital gains tax cre		903		40
	<del>-</del> 10a			V, line 21, but not less the				48a
	49			ictions. Attach federal F				49
				result here. This is you				50
				orm 2, Schedule V, line				51
its				m 2, Schedule V, line 26				52
Credits				ere but do not enter an				32
ū	33			s your total nonrefunda				53
	54			re tax				54
d S								55
Recap Taxes								56
∝ ⊢				ere. This is your total				57
				n this total the amount of				31
ું <u>કે</u>				006 tax liability		963		58
Tax Liability				A and B and enter the r				30
Ë				A and B and enter the r			963	59
				eral Form(s) W-2 and 10			303	60
its				t applied from your 2005				61
e d				-06				62
ts S				e V, line 31				63
en Ible				ult here. <b>This is your t</b> e				03
Z g	0-7					1280		64
Payments and Refundable Credits	65			nd B. This is your con				١.
~	00	credits	1280	65				
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ion				<mark>e 12</mark> )				68
nte				ntary Check-off Contribu				, 55
, <u>f</u>	•	Nongame wildlife	Child abuse	Agriculture in	End-stage rena	Enter the sum of		
S ië		program	prevention	schools	disease program			
Penalties , Interest and Contribution			69b)	69c)	69d)	here		69
Pe	70		line 59, 66, 67, 68 an	d 69 and enter the resu		he sum of your total		
	-			IS			963	70
O)	71			difference here. This is				l
DW nd				REVENUE or visit our				
n C efu								71
ک بر	72	If line 70 is less than	n line 65, enter the d	ifference here			317	72
Amount You Owe or Your Refund				applied to your 2007 es				73
ے کے				amount here. This is				74
A				r RTN# and ACCT# belo				
DTN	1 1				) w. See instruction			
RTN	Lie .	la abadi susu ' ' '	ACCT#	lroop and talanta and t	r of poid a second	savings	317	
		ole, check appropriate b	oox. Name, add	Iress and telephone number	er or pard preparer.		ension – Check this box	
		ng gross income	$\vdash$				tach a copy of your feder	
		d estimated payments	.			<u> </u>	Form 4868 to receive you Montana extension.	11
		il 2007 forms and instruct		SSN, FEIN or P				
	ne D	OR discuss this return wi	th your tax preparer?	Yes No Questi	1 /	-6900 or TDD (406) 444	I-2830 for hearing impair	ed.
X				(406)444-6957	X			
	V/	our cianature ic require	ed Date	Daytime telephone n		Spouse's signature	Date	

Form 2, Page 3 – 2006 Social Security Number:

Schedule I: Montana Additions to Federal Adj Enter on the corresponding line your additions to federal File Schedule I with your Montana Fo	ıl adjusted gross income.	joint, s	A (for single, eparate, or household)	Column B (for spouse when filing separately using filing status 3a)
1 Interest and mutual fund dividends from state, coun	ty, or municipal bonds		· · · · · ·	,
from other states				
2 Dividends not included in federal adjusted gross inc		!		
3 Taxable federal refunds. Complete Worksheet II on		}		
4 Other recoveries of amounts deducted in earlier year				
Montana taxable income. Complete Worksheet IX	4			
5 Addition to federal taxable social security/railroad re	tirement. Complete			
Worksheet VIII on page 53	5	;		
6 Additions for spouse filing joint federal return.				
6a Passive and rental income or loss adjustment	6	а		
6b Capital loss adjustment				
<b>6c</b> IRA deduction adjustment. Complete Workshee		-		
<b>6d</b> Student loan interest adjustment		-		
7 Sole proprietor's allocation of compensation to spou				
Medical care savings account nonqualified withdraw		<u> </u>		
First-time home buyer savings account nonqualified				
Farm and ranch risk management account taxable of the state of th				
1 Addition for dependent care assistance credit adjust				
2 Addition for smaller federal estate and trust taxable		-		
3 Federal net operating loss carryover reported on Fo				
4 Share of federal income taxes paid by your S. corpo	oration 1	4		
5 Title plant depreciation and amortization		5		
6 Other additions. Specify:	1	6		
7 Add lines 1 through 16. Enter total here and on For	m 2. line 38. This is			
your total Montana additions to federal adjusted		7		
Amended Return Re (Use this reconciliation only when you are		return.)		Round to the nearest dollar
(Use this reconciliation only when you are	completing an amended			
(Use this reconciliation only when you are Check this box if you are filing this amended return to continuous	completing an amended carry back a net operating	g loss	1	
(Use this reconciliation only when you are Check this box if you are filing this amended return to concern the amount from line 70 of the amended return	completing an amended carry back a net operatin here	g loss		
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Form 2, Page 4 – 2006 Social Security Number:		
Schedule II: Montana Subtractions from Federal Adjusted Gross Income Enter on the corresponding line your subtractions from federal adjusted gross income. File Schedule II with your Montana Form 2.	Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately using filing status 3a)
1 Exempt interest and dividends from federal bonds, notes, and obligations 1	1	1
2 Exempt tribal income	2	2
3 Exempt unemployment compensation	1700	3
	4	4
5 Exempt capital gains and dividends from small business investment		
companies	5	5
6 State tax refunds included in Montana Form 2, line 10	6	6
7 Recoveries of amounts deducted in earlier years that did not reduce		
Montana income	7	7
8 Exempt military salary of residents on active duty	3	8
9 Exempt income of nonresident military servicepersons and spouses	9	9
10 Exempt life-insurance premiums reimbursement for National Guard and		
Reservist	0	10
11 Partial pension and annuity income exemption. Report Tier II Railroad		
Retirement on line 23 below	1	11
12 Partial interest exemption from taxpayers 65 and older	2	12
13 Partial retirement disability income exemption for taxpayers under age 65 1	3	13
14 Exemption for certain taxed tips and gratuities 1	4 1200	14
15 Exemption for certain income of child taxed to parent	5	15
16 Exemption for certain health insurance premiums taxed to employee 1	6	16
17 Exemption for student loan repayments taxed to health care professional 1	7	17
· · · · · · · · · · · · · · · · · · ·	8	18
19 Exempt first-time home buyer savings account deposits and earnings 1	9	19
20 Exempt family education savings account deposits and earnings 2	0	20
21 Exempt farm and ranch risk management account deposits		21
22 Subtraction to federal taxable social security/Tier I Railroad Retirement		
reported on Form 2, line 20b	2	23
23 Subtraction for federal taxable Tier II Railroad Retirement benefits		
reported on Form 2, line 16b 2	3	23
24 Subtractions for spouse filing joint federal return.		
24a Passive loss carryover exclusion	4a	24
24b IRA deduction adjustment		24
24c Capital loss adjustment		24
25 Subtraction of sole proprietor for allocation of compensation to spouse 2		25
<b>26</b> Montana net operating loss carry over from Montana Form NOL,		
· · · · · · · · · · · · · · · · · · ·	6	26
27 40% capital gain exclusion for pre-1987 installment sales		27
28 Subtraction for business related expenses for purchasing recycled		
· · · · · · · · · · · · · · · · · · ·	8	28
29 Subtraction for sales of land to beginning farmers		29
30 Subtraction for larger federal estate and trust taxable distribution		30
31 Subtraction for wage deduction reduced by federal targeted jobs credit 3		31
<b>32</b> Subtraction for certain gains recognized by liquidating corporation <b>3</b>		32
	3	33
		33
34 Add lines 1 through 33, enter total here and on Form 2, line 39. This is	2900	
your total Montana subtractions from federal adjusted gross income 3	4 2000	34

	Schedule III: Montana It Enter on the corresponding line File Schedule III with you	Column A (for single, joint, separate or head of household)	Column B (for spouse when filing separately using filing status 3a)				
1	Medical and dental expenses		В:	1	<u>'</u>	,	
	Enter amount from Form 2, line 40 2		B:	2			
	Multiply line 2 by .075 (7.5%)		B:	3			
	Subtract line 3 from line 1 and enter result he deductible medical and dental expense su	ere but not less than	zero, This is your	4			4
5	Medical insurance premiums not deducted el						5
	Long term care insurance premiums not dedu						6
_	Complete lines 7a through 7d reporting you				2006 before complet	ing line 7e You	-
	cannot deduct your self-employment taxes p						
7a	Federal income tax withheld in 2006 7a		B:	7a			
7b	Federal estimated tax payments paid in			1			
	2006	A:	B:	7b			
7с	2005 federal income taxes paid in 2006 7c	A:	B:	7с			
7d	Other back year federal income taxes						
	paid in 2006		B:	7d			
7e	Add lines 7a through 7d and enter result here						
	filing single, married filing separately, or head					T - 1 -	_
_	return with your spouse. This is your federa					ł – – – – – – – – – – – – – – – – – – –	7е
	Local income taxes paid in 2006. See instruc						8
	Real estate taxes paid in 2006						9
	Personal property taxes paid in 2006 Other deductible taxes. List type and amount			10 11			10
			1000				11
	Home mortgage interest and points reported Home mortgage interest not reported to you of person from whom you bought the house, pro	on federal Form 109	8. If paid to the	13			12 13
14	Points not reported to you on federal Form 10	าดย		11		·	14
	Investment interest, Attach federal Form 495						15
	Contributions made by cash or check during						16
	Contributions made other than by cash or che						10 17
	Contribution carryover from the prior year						18
	Child and dependent care expenses. Attach I						19
	Casualty and theft loss(es). Attach federal Fo						19 20
	Unreimbursed employee business	ли 4004	·····	20			10
21	expenses. Attach federal Form 2106 or 2106EZ	۸.	В:	24			
22	Other expenses. List type and amount:	Λ.	J.	21			
	22	Δ.	B:	22			
23	Add lines 21 and 22		B:	23			
	Enter the amount on Form 2, line 40 24		B:	24			
	Multiply line 24 by .02 (2%)		B:	25			
	Subtract line 25 from line 23 and enter the re						26
	Political contributions (limited to \$100 per tax						 27
	Other miscellaneous deductions not subject t	• • /					
	and amount:			28		-	28 20
	Gambling losses allowed under federal law			29		1	29
30	Add lines 4 through 6; 7e through 20; and 26 here			30			30
	If the amount on Form 2, line 40 is more than \$150,500, or more than \$75,250 if married filing separately, your deductions may be limited. Complete the itemized deduction Worksheet VI on page 51 of the Form 2 instruction booklet and then continue to line 31; otherwise, go to line 32 below.						
31	Enter the amount from the itemized deduction amount of your non-allowed itemized ded			31			31
32	Subtract line 31 from line 30 and enter the re	sult here and on For		J1		ì	, 1
	This is the amount of your allowable itemi	zed deductions		32	I	1 13	32

Social Security Number:

Cociai Cocanty Hamber:			
Schedule IV: Non-resident/Part-year Resident Tax File Schedule IV with your Montana Form 2.		Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately using filing status 3a)
Enter on lines 1 through 15 your Montana source income that is included in Montana adjusted gross income on Form 2, lines 7 through 21 and line 38.			
1 Montana wages, salaries, tips, etc. included on Form 2, line 7	1		
2 Montana taxable interest included on Form 2, line 8a			
3 Montana ordinary dividends included on Form 2, line 9a			
4 Montana taxable refunds, credits, or offsets of state and local income taxes	0		
included on Form 2, line 10	4		
5 Montana alimony received included on Form 2, line 11			
6 Business income or (loss) included on Form 2, line 12			
<b>7</b> Capital gain or (loss) included on Form 2, line 13			
8 Other gains or (losses) included on Form 2, line 14			
9 Taxable IRA distribution included on Form 2, line 15b			
<b>10</b> Taxable pension and annuities included on Form 2, line 16b			
<b>11</b> Rental real estate, royalties, partnerships, S. corporations, trust, etc. include			
on Form 2, line 17			
12 Farm income or (loss) included on Form 2, line 18			
<b>13</b> Taxable social security benefits included on Form 2, line 20b			
14 Other income included on Form 2, line 21			
<b>15</b> Montana source additions to income reported on Form 2, Schedule I			
<b>16</b> Add lines 1 through 15 and enter result here. <b>This is your Montana source</b>			
income			
			•
17 Add your total federal income from Form 2, line 22 and your Montana		1	1
additions to federal adjusted gross income from line 38 and enter the result			
here. (If you are a non-resident military service person and spouse, skip			
line 17 and go to line 18). This is your total income from all sources.			
Skip line 18 and go to line 19)	17		
18 Non-resident military service persons and spouses only: Add from			
Form 2, lines 22 and 38, then subtract from this sum your exempt income			
reported on Form 2, Schedule II, line 9 and enter the result here. This is			
your total income from all sources	18		
<b>19</b> Divide the amount on line 16 by the amount on line 17 (line 18 if you are a			
non-resident military service person and spouse) and enter the result here.			
Carry to 4 decimal places and do not enter more than 1.0000	19		
20 Enter your resident tax after capital gains tax credit from Form 2, line 48	20		
21 Multiply the tax on line 20 by the percentage on line 19 and enter the result			
here and on Form 2, line 48a. This is your non-resident, part-year			
resident tax after capital gains tax credit	21		

## How do I determine what qualifies as my Montana source income when I am a non-resident of Montana?

In general, as a non-resident of Montana your Montana source income is all the income that you receive for work that you perform in Montana, income that you receive from real or personal property that is located in Montana, and income that you receive from a business conducted in Montana.

## How do I determine my Montana source income when I am a part-year resident of Montana?

As a part-year resident you are considered a resident for part of the year and a non-resident for the other part of the year.

In general, for the part of the year that you are a non-resident your Montana source income is all the income that you receive for work that you perform in Montana, income that you receive from real or personal property that is located in Montana, and income that you receive from a business conducted in Montana.

For the part of the year that you are a resident, all of your income that you receive, no matter where you earn it, is Montana source income.

## Where can I find further information on what is my Montana source income?

For further information and a line by line description of what Montana source income is, refer to pages 26 through 29 of the instruction booklet for Form 2, Schedule IV.

	Schedule V: Montana Tax Credits		, ,	Column B (for spouse,	
	Enter on the corresponding line your Montana tax credits.		joint, separate, or head of household)	when filing separately using filing status 3a)	
	File Schedule V with your Montana Form 2.		Ticad of flouscriola)	using ming status baj	
	Nonrefundable credits that are single-year credits and <b>HAVE NO</b> carryover provision	Г			
1	Credit for an income tax liability paid to another state or country from Form 2, Schedules VI, line 10 or VII, line 10	.			1
2	College contribution credit. Attach Form CC				2
	Qualified endowment credit. Attach Form QEC	-			3
	Energy conservation installation credit. Attach Form ENRG-C	<b>'</b>			ა 4
	Alternative fuel credit. Attach Form AFCR	:			5
	Rural physician's credit	ί⊦			6
	Health insurance for uninsured Montanans credit. Attach Form HI	,			7
	Elderly care credit. Attach Form ECC	<b> </b> -			8
	Developmental disability account contribution credit	·  -			9
	Recycle credit. Attach Form RCYL	` ∟			ر ا0
	Oil seed crushing and biodiesel production facility credit. Attach Form OSC 11				1
	Biodiesel blending and storage tank credit and attach Form BBSC	_			2
	Add lines 1 through 12 and enter result here and on Form 2, line 51. <b>This is your</b>	~ <sub> </sub>			_
	total nonrefundable single-year credits	3		l 1	3
	Nonrefundable credits that <b>HAVE</b> a carryover provision			<u> </u>	Ŭ
14	Contractor's gross receipts tax credit	4 [		1	4
	Geothermal systems credit. Attach Form ENRG-A			1	5
	Alternative energy systems credit. Attach Form ENRG-B	_			6
	Alternative energy production credit. Attach Form AEPC	_		1	7
	Dependent care assistance credit. Attach Form DCAC			1	8
19	Historic property preservation credit. Attach federal Form 3468	9		1	9
	Montana capital company credit			2	20
21	Infrastructure user's fee credit	1		2	21
22	Empowerment zone credit	2 [		2	22
23	Increasing research activities credit. Attach Form RSCH	3 [		2	23
24	Mineral exploration incentive credit. Attach Form MINE-CRED 24	4 _		2	24
25	Film employment production credit. Attach Form FPC. Report your credit on this				
	line if you have made the one-time four year carry forward election 25	5		2	25
26	Add lines 14 through 25 and enter result here and on Form 2, line 52. This is				
	your total nonrefundable carryover credits	6		2	26
	Refundable credits				_
	Elderly homeowner/renter credit. Attach Form 2EC				27
	Film employment production credit. Attach Form FPC				28
	Film qualified expenditure credit. Attach Form FPC				29
	Insure Montana small business health insurance credit-Company's EIN 30	υL		3	30
31	Add lines 27 through 30 and enter result here and on Form 2, line 63. This is your total refundable credits	1		]	31

#### MONTANA TAX CREDITS

We have listed the 27 Montana tax credits available to you under three categories. With the exception to the capital gains tax credit, which is required to be applied before any other credit, (refer to the instructions for Form 2, line 47 for the capital gains tax credit) you are not required to apply any of these 28 tax credits against your income tax liability in any particular order.

- Nonrefundable single-year credits. Your nonrefundable single-year credits can only be used to offset your 2006 resident, non-resident, or part-year resident tax after capital gains credit and cannot reduce your tax liability below zero. The unused portion of your nonrefundable single-year credits that exceeded your 2006 income tax liability are lost and are unable to be used in future years.
- Nonrefundable carryover credits. Your nonrefundable carryover credits can be used to offset your 2006 resident, non-resident, or part-year resident tax after capital gains credit and cannot reduce your tax liability below zero. Your excess nonrefundable credits that were not applied against your 2006 income tax liability can be carried over and used to offset future year tax liabilities.
- Refundable credits. Your refundable credits are applied against your income tax liability with any unused credit refunded to you.

**Instructions:** You may claim a credit for an income tax liability paid to another state or country by yourself, your S. corporation or your partnership. If you claim this credit for an income tax paid by your S. corporation or partnership, you will need to include as an addition to federal adjusted gross income on Form 2, Schedule I, line 16 your share of the S. corporation's or partnership's deduction for income tax paid, whether separately or non-separately stated on your federal K-1.

**NEW FOR TAX YEAR 2006:** You are not entitled to a Montana tax credit for taxes paid to a foreign country if you claimed these foreign taxes paid as a foreign tax credit on your federal income tax return.

- Your credit is limited to an income tax liability paid on income that is also taxed by Montana.
- Your income taxes paid include excise taxes or franchise taxes that are imposed on and measured by the net income of your S. corporation or partnership.
- This is a nonrefundable credit and cannot reduce your Montana tax liability below zero.
- This is a nonrefundable single year credit. No unused credit amount can be carried forward.
- You will need to complete a separate Schedule VI or VII for each state or country that you have paid an income tax liability to. You can not combine payments on one schedule.
- If you are a part-year resident, you have to allocate your income using Form 2, Schedule IV before completing Form 2, Schedule VII.

Schedule VI: Credit for an Income Tax Liability Paid to Another State or Country. Full-year resident only.	Column A (for single, joint, separate, or head of household)	Column B (for spouse, when filing separately using filing status 3a)
1 Enter your income taxable to another state or country that is included in Montana adjusted gross income on Form 2, line 40. Where applicable, this includes your share of income taxes paid that were claimed as a deduction by your S. corporation or partnership		1
<ul> <li>Enter your total income from the other state or country you used in calculating your income tax paid to that state or country. Include in this total all income exempt from Montana income tax that was subject to tax in the other state or country</li> <li>2</li> </ul>		2
3 Enter your total Montana adjusted gross income from Form 2, line 40. Where applicable, this includes your share of income taxes paid that are claimed as a deduction by your S. corporation or partnership		3
4 Enter your total income tax liability paid to the other state or country		4 5
6 Divide line 1 by line 2. Enter the percentage here, but not more than 100%		6
<ul> <li>7 Multiply line 4 by line 6 and enter the result here</li></ul>		7
9 Multiply line 5 by line 8 and enter the result here		9
10 Enter here and on Form 2, Schedule V, line 1, the smaller of the amounts reported		<u> </u>
on lines 4, 7, or 9 above. This is your credit for an income tax paid to another state or country		10
Schedule VII: Credit for an Income Tax Liability Paid to Another State or Country. Part-year resident only.	Column A (for single, joint, separate, or head of household)	Column B (for spouse, when filing separately using filing status 3a)
1 Enter your income taxable to another state or country that is included in Montana source income on Form 2, Schedule IV, line 16, total Montana source income. Where applicable, this includes your share of income taxes paid that were claimed as a deduction by your S. corporation or partnership		1
2 Enter your total income from the other state or country you used in calculating your income tax paid to that state or country. Include in this total all income exempt from Montana income tax that was subject to tax in the other state or country		2
3 Enter your total Montana source income from Form 2, Schedule IV, line 16. Where applicable, this includes the share of income taxes paid that are claimed as a deduction by your S. corporation or partnership		3
4 Enter your total income tax liability paid to the other state or country		4
5 Enter your Montana tax liability from Form 2, line 48a		5
6 Divide line 1 by line 2. Enter the percentage here, but not more than 100% 6		
7 Multiply line 4 by line 6 and enter the result here		7
8 Divide line 1 by line 3. Enter the percentage here, but not more than 100%		8
9 Multiply line 5 by line 8 and enter the result here		9
10 Enter here and on Form 2, Schedule V, line 1, the smaller of the amounts reported on lines 4, 7, or 9 above. This is your credit for an income tax paid to another		
state or country		10
Form 2, Page 9 - 2006 Social Security Number:		<del></del>

Schedule VIII: Reporting of Special Transactions

**Transaction** 

Complete Schedule VIII only if you and/or your spouse filed for federal income tax purposes any of the federal forms described below. Check the appropriate box indicating which form(s) you filed with your federal income tax return. If your answer is "yes" to one or more of these forms, you will need to attach a complete copy of your federal income tax return Form 1040.	Check "yes" if you filed any of the following forms with the Internal Revenue Service.
1 I filed federal Form 8264 – Application for Registration of a Tax Shelter with the Internal Revenue Service.	
Form 8264 is required to be filed to register a tax shelter.	1 YES
2 I filed federal Form 8271 – Investor Reporting of Tax Shelter Registration Number with the	
Internal Revenue Service.  Form 8271 is used to report the tax shelter registration number that the Internal Revenue Service assigns to certain tax shelters required to be registered under 26 USC 6111 and to report the name and identifying number of the tax shelter.	2 YES
<sup>3</sup> I filed federal Form 8824 – Like-Kind Exchanges with the Internal Revenue Service.	
NOTE: Check "yes" if your like-kind exchange includes Montana property. Non-residents do not have to report a like-kind exchange if the properties involved do not include Montana property.  Form 8824 is used to report each exchange of business or investment property for property of a like kind.	3 YES
4 I filed federal Form 8865 – Return of U.S. Persons With Respect to Certain Foreign Partnerships with the Internal Revenue Service.	
Form 8865 is used to report the information required under 26 USC 6038 (reporting with respect to controlled foreign partnerships), section 6038B (reporting of transfers to foreign partnerships), or section 6046A (reporting of acquisitions, dispositions, and changes in foreign partnership interest).	4 YES
5 I am required to file federal Form 8886 – Reportable Transaction Disclosure Statement with the Internal Revenue Service.	
Form 8886 is used to disclose information for each reportable transaction in which you participated.	5 YES
6 I filed federal Form 13656 – Notice of Election by Executive and Related Person to Participate in Announcement 2005-19 Settlement Initiative with the Internal Revenue	
Service.  Form 13656 is an election to participate in the settlement initiative as described in Announcement 2005-19 and as contained in Internal Revenue Bulletin 2005-11 dated March 14, 2005.	6 YES
7 I filed federal Form 13750 – Election to Participate in Announcement 2005-80 Settlement	
Initiative with the Internal Revenue Service.	
Form 13750 is an election to participate in the settlement initiative as described in Announcement 2005-80 and as contained in Internal Revenue Bulletin 2005-46 dated November 14, 2005.	7 YES